

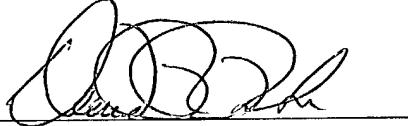
|  |                                |
|--|--------------------------------|
| <b>ASSERTION OF SMALL ENTITY STATUS (37 C.F.R.<br/>1.27(C)) – SMALL BUSINESS CONCERN</b>   | Docket Number: AM-102.P.1.1-US |
| <p>Applicant, Patentee, or Identifier: Active Motif<br/> Application or Patent Number: To be determined<br/> Filed or Issued: Filed Herewith<br/> Title: Oligonucleotide Analogs, Methods of Synthesis and Methods of Use</p>  |                                |
| <p>I hereby state that I am</p> <p><input type="checkbox"/> the owner of the small business concern identified below;</p> <p><input type="checkbox"/> an official of the small business concern empowered to act on behalf of the concern identified below;</p> <p><input checked="" type="checkbox"/> a representative of the concern identified below</p>  |                                |
| <p>NAME OF SMALL BUSINESS CONCERN: Active Motif<br/> ADDRESS OF SMALL BUSINESS CONCERN: 5431-C Avenida Encinas<br/> Carlsbad, California 92008</p>   |                                |
| <p>I hereby assert that the above identified small business concern qualifies as a small business concern for purposes of paying reduced fees to the United States Patent and Trademark Office.</p>  |                                |
| <p>I hereby assert that the rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:</p> <p><input checked="" type="checkbox"/> the specification filed herewith with title as listed above.</p> <p><input type="checkbox"/> the application identified above.</p> <p><input type="checkbox"/> the patent identified above.</p>   |                                |
| <p>If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor if that person made the invention, or by any concern which would not qualify as a small business concern, or a nonprofit organization.</p> |                                |
| <p>Each person, concern, or organization having any rights in the invention is listed below:</p> <p><input checked="" type="checkbox"/> no such person, concern, or organization exists.</p> <p><input type="checkbox"/> each such person, concern, or organization is listed below:</p>   |                                |

**Statement Claiming Small Entity Status  
Under 37 C.F.R. 1.9(f) and 1.27(c)  
Small Business Concern  
Corresponding to PTO/SB/10**

Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. 1.28(b))

NAME OF PERSON SIGNING: David R. Preston  
TITLE OF PERSON IF OTHER THAN OWNER: Representative  
ADDRESS OF PERSON SIGNING: 12625 High Bluff Drive  
Suite 205  
San Diego, CA 92130

SIGNATURE: 

DATE: Feb 9, 2002

Statement Claiming Small Entity Status  
Under 37 C.F.R. 1.9(f) and 1.27(c)  
Small Business Concern  
Corresponding to PTO/SB/10

|   |  |  |
|---|--|--|
| <b>DECLARATION FOR UTILITY OR<br/>DESIGN<br/>PATENT APPLICATION<br/>(37 CFR 1.63)</b> |  | Attorney Docket Number:<br>AM-102.P.1.1-US |
|   |  | First Named Inventor:<br>Vladimir Efimov   |
| <b>COMPLETE IF KNOWN</b>  |  |  |
| Application Number:<br>To be determined   |  |  |
| Filing Date:<br>Herewith  |  |  |
| [X] Declaration Submitted with Initial Filing, OR                                     |  | Group Art Unit:<br>To be determined        |
| [] Declaration Submitted after Initial Filing<br>(surcharge (37 CFR 1.16(e) required) |  | Examiner:<br>To be determined              |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Oligonucleotide Analogues, Methods of Synthesis and Methods of Use

the specification of which

[X] is attached hereto

OR

[] was filed on \_\_\_\_\_ as United States Application Number \_\_\_\_\_ or PCT International Application Number \_\_\_\_\_ and was amended \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above- identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date | Certified Copy Attached?<br>YES      NO |  |
|-------------------------------------|---------|---------------------|---|--|
|                                     |         |                     |   |  |
|                                     |         |                     |   |  |

[ ] Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

| Application Number(s) | Filing Date       | [ ] Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto |
|-----------------------|-------------------|--|
| 60/189,190            | March 14, 2000    |  |
| 60/250,334            | November 30, 2000 |  |
|                       |                   |  |

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

| U.S. Parent Application or PCT Parent Number | Parent Filing Date | Parent Patent Number (if applicable) |
|--|--------------------|--------------------------------------|
| 09/805,296                                   | March 13, 2001     |                                      |
| PCT/US01/0811                                | March 13, 2001     |                                      |

[ ] Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected herewith:

[ ] Customer Number 24232

OR

[X] Registered practitioner(s) name/registration number listed below:

| Name             | Registration Number | Name          | Registration Number |
|------------------|---------------------|---------------|---------------------|
| David R. Preston | 38,710              | Elizabeth Orr | 45,937              |

[ ] Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

|  |                                       |           |              |           |              |
|--|---------------------------------------|-----------|--------------|-----------|--------------|
| Direct all correspondence to: [X] Customer Number <u>24232</u> or Bar Code Label [Attached Bar Code Label]<br>OR<br><input type="checkbox"/> Correspondence address below: |                                       |           |              |           |              |
| Name   | David R. Preston & Associates, A.P.C. |           |              |           |              |
| Address  | David R. Preston                      |           |              |           |              |
| Address  | 12625 High Bluff Drive, Suite 205     |           |              |           |              |
| City   | San Diego                             | State     | California   | Zip Code  | 92130        |
| Country  | USA                                   | Telephone | 858.724.0375 | Facsimile | 858.724.0384 |

|   |  |       |   |          |        |             |        |
|---|--|-------|---|----------|--------|-------------|--------|
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |  |       |   |          |        |             |        |
| <b>NAME OF SOLE OR FIRST INVENTOR</b>   |  |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |          |        |             |        |
| Given Name (first and middle, if any)   |  |       | Family Name or Surname  |          |        |             |        |
| Vladimir  |  |       | Efimov  |          |        |             |        |
| Inventor's Signature  |  |       |   |          | Date   |             |        |
| Residence: City   | Moscow   | State |   | Country  | Russia | Citizenship | Russia |
| Post Office Address   | Shemyakin & Ovchinnikov Institute of Bioorganic Chemistry<br>Russian Academy of Sciences<br>ul. Miklukho-Maklaya 10/10 |       |   |          |        |             |        |
| City  | Moscow   | State |   | Zip Code | 117871 | Country     | Russia |
| <input checked="" type="checkbox"/> Additional inventors are being named on the <u>4</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.   |  |       |   |          |        |             |        |

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|                                       |                        |   |            |          |       |             |         |
|---------------------------------------|------------------------|---|------------|----------|-------|-------------|---------|
| <b>NAME OF ADDITIONAL INVENTOR</b>    |                        | <input type="checkbox"/> A petition has been filed for this unsigned inventor |            |          |       |             |         |
| Given Name (first and middle, if any) |                        | Family Name or Surname  |            |          |       |             |         |
| Joseph                                |                        | Fernandez   |            |          |       |             |         |
| Inventor's Signature                  |                        |   |            |          |       | Date        |         |
| Residence: City                       | Carlsbad               | State   | California | Country  | USA   | Citizenship | USA     |
| Post Office Address                   | 5431-C Avenida Encinas |   |            |          |       |             |         |
| City                                  | Carlsbad               | State   | California | Zip Code | 92008 | Country     | USA     |
| Given Name (first and middle, if any) |                        | Family Name or Surname  |            |          |       |             |         |
| Dorothy                               |                        | Archdeacon  |            |          |       |             |         |
| Inventor's Signature                  |                        |   |            |          |       | Date        |         |
| Residence: City                       | Carlsbad               | State   | California | Country  | USA   | Citizenship | Ireland |
| Post Office Address                   | 5431-C Avenida Encinas |   |            |          |       |             |         |
| City                                  | Carlsbad               | State   | California | Zip Code | 92008 | Country     | USA     |
|                                       |                        |   |            |          |       |             |         |

**DECLARATION**  
**ADDITIONAL INVENTOR(S)**  
**SUPPLEMENTAL SHEET**  
**PAGE 2 OF 4**

|                                       |  |   |            |          |        |             |         |
|---------------------------------------|--|---|------------|----------|--------|-------------|---------|
| <b>NAME OF ADDITIONAL INVENTOR</b>    |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |            |          |        |             |         |
| Given Name (first and middle, if any) |  | Family Name or Surname  |            |          |        |             |         |
| John                                  |  | Archdeacon  |            |          |        |             |         |
| Inventor's Signature                  |  |   |            |          |        | Date        |         |
| Residence: City                       | Carlsbad   | State   | California | Country  | USA    | Citizenship | Ireland |
| Post Office Address                   | 5431-C Avenida Encinas   |   |            |          |        |             |         |
| City                                  | Carlsbad   | State   | California | Zip Code | 92008  | Country     | USA     |
| Given Name (first and middle, if any) |  | Family Name or Surname  |            |          |        |             |         |
| Oksana                                |  | Chakhmakhcheva  |            |          |        |             |         |
| Inventor's Signature                  |  |   |            |          |        | Date        |         |
| Residence: City                       | Moscow   | State   |            | Country  | Russia | Citizenship | Russia  |
| Post Office Address                   | Shemyakin & Ovchinnikov Institute of Bioorganic Chemistry<br>Russian Academy of Sciences<br>ul. Miklukho-Maklaya 10/10 |   |            |          |        |             |         |
| City                                  | Moscow   | State   | Russia     | Zip Code | 117871 | Country     | Russia  |
|                                       |  |   |            |          |        |             |         |

Declaration for Utility or Design Patent Application  
Corresponding to PTO/SB/0, IPTO/SB/02A,  
PTO/SB/02B, PTO/SB/02C

**DECLARATION**  
**ADDITIONAL INVENTOR(S)**  
**SUPPLEMENTAL SHEET**  
**PAGE 3 OF 4**

|                                       |  |   |            |          |        |             |        |
|---------------------------------------|--|---|------------|----------|--------|-------------|--------|
| <b>NAME OF ADDITIONAL INVENTOR</b>    |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |            |          |        |             |        |
| Given Name (first and middle, if any) |  | Family Name or Surname  |            |          |        |             |        |
| Alla                                  |  | Buryakova   |            |          |        |             |        |
| Inventor's Signature                  |  |   |            |          |        | Date        |        |
| Residence: City                       | Moscow   | State   |            | Country  | Russia | Citizenship | Russia |
| Post Office Address                   | Shemyakin & Ovchinnokou Institute of Bioorganic Chemistry<br>Russian Academy of Sciences<br>ul. Miklukho-Maklaya 10/10 |   |            |          |        |             |        |
| City                                  |  | State   |            | Zip Code |        | Country     |        |
| Given Name (first and middle, if any) |  | Family Name or Surname  |            |          |        |             |        |
| Mikhail                               |  | Choob   |            |          |        |             |        |
| Inventor's Signature                  |  |   |            |          |        | Date        |        |
| Residence: City                       | Carlsbad   | State   | California | Country  | USA    | Citizenship | Russia |
| Post Office Address                   | 5531-C Avenida Encinas   |   |            |          |        |             |        |
| City                                  | Carlsbad   | State   | California | Zip Code | 92008  | Country     | USA    |
|                                       |  |   |            |          |        |             |        |

Declaration for Utility or Design Patent Application  
 Corresponding to PTO/SB/0, 1PTO/SB/02A,  
 PTO/SB/02B, PTO/SB/02C

**DECLARATION**  
**ADDITIONAL INVENTOR(S)**  
**SUPPLEMENTAL SHEET**  
**PAGE 4 OF 4**

|                                       |                        |  |            |          |       |             |     |
|---------------------------------------|------------------------|--|------------|----------|-------|-------------|-----|
| <b>NAME OF ADDITIONAL INVENTOR</b>    |                        | [ ] A petition has been filed for this unsigned inventor |            |          |       |             |     |
| Given Name (first and middle, if any) |                        | Family Name or Surname                                   |            |          |       |             |     |
| Kyle                                  |                        | Hondorp  |            |          |       |             |     |
| Inventor's Signature                  |                        |  |            |          |       | Date        |     |
| Residence: City                       | Carlsbad               | State  | California | Country  | USA   | Citizenship | USA |
| Post Office Address                   | 5431-C Avenida Encinas |  |            |          |       |             |     |
| City                                  | Carlsbad               | State  | California | Zip Code | 92008 | Country     | USA |

Declaration for Utility or Design Patent Application  
 Corresponding to PTO/SB/0, 1PTO/SB/02A,  
 PTO/SB/02B, PTO/SB/02C